

## Secretary of State Statement and Designation by Foreign Corporation

S&DC-S/N

4576602

FILED SECRETARY OF STATE STATE OF CALIFORNIA

MAR 27 2020

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IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed. See instructions.

Filing Fee

 \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Copy Fees -

- First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year, For more information, go to www.ftb.ca.gov.

This Space For Office Use Only

 Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)  Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)

Innova Medical Group, Inc.	
	Nevada

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a, Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
718 S Primrose Ave	Monrovia	CA	91016
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
718 S Primrose Ave	Monrovia	CA	91016
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
Charles	c.	Huang			ĺ
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	1	State	Zip Code	
60 W Magna Vista Ave	Arcadia		CA	91007	

CORPORATION - Complete Item 4c. Only include the name of the registered agent Corporation.

- c. California Registered Corporate Agent's Name (if agent is a corporation) Do not complete item 4a or 4b
- 5. Read and Sign Below (See instructions. Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature Signature

Charles C. Huang

Type or Print Name

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Innova Medical Group, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/20/2020, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

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Certificate Number: B20200326685972

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/26/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State